

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOM'S DEFENSE SUPERFUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00533992	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AINSLEY SHEA</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 29 / 2014</b>		
Mailing Address <b>213 EAST FOURTH ST</b>			Amount <b>1000.00</b>		
City <b>ST PAUL</b>	State <b>MN</b>	Zip Code <b>55101</b>	Transaction ID : <b>SE.4321</b>		
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 28 / 2014</b>		
Name of Federal Candidate <b>BOB SMITH</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>CAMPAIGN GRID</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 29 / 2014</b>		
Mailing Address <b>400 FIRST STREET SE</b>			Amount <b>5000.00</b>		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>SE.4320</b>		
Purpose of Expenditure <b>DIGITAL AD DELIVERY (RUN DATES 8/29 - 9/09/2014)</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 28 / 2014</b>		
Name of Federal Candidate <b>BOB SMITH</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>6000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>6000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>6000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 30 / 2014**

Signature